

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$74.00 for date of service 02/23/01.
- b. The request was received on 03/11/02 per the fax sheet date. The request for medical dispute was not date stamped.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/04/02
 - b. HCFA(s)
 - c. EOB(s)
 - d. Medical Records
 - e. Initial Request for Medical Dispute dated 01/28/02
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 03/12/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 03/14/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 01/04/02 that, "I am disputing this procedure code 95869 for payment of \$74.00. It is the testing on a lower EMG/NCV of the thoracic spinal muscle, [sic] that the carrier has originally denied for 'Non-Contracted Provider'....When the procedure code 95869 is compensable to the original injury, this should not even be an issue....when there is persistence of pain and discomfort, a bilateral study is medically necessary for a comparative interruption....The provided documentation supports treatment to the compensable injury and the medical necessity."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/23/01.
2. The carrier denied the billed charge by denial codes “*00850 ON RECEIPT OF REPORT/DOCUMENTATION. SEE MESSAGE BELOW. The insurance carrier is responsible for reasonable and necessary medical treatment rendered., 00850 /SUPPLY HAS BEEN INCREASED DUE TO A RECONSIDERATION ADJUSTMENT” and “*00111 02 - NON-CONTRACTED PROVIDER.” None of these denial codes are TWCC approved. Documentation submitted by the provider indicates, the carrier paid the provider \$944.00 by check number 0021954112 on 04/17/01 for six CPT codes billed for date of service 02/23/01. CPT code 95896 was not paid. Since the carrier denial codes submitted to the provider by the carrier on the carrier EOB(s) are not TWCC approved denial codes and the carrier paid the provider for other CPT codes billed on the same date of service, this dispute will be considered a fee dispute.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/23/01	95869	\$138.00	\$0.00	F	\$74.00	MFG MGR (IV) (C); CPT descriptor	Medical documentation indicates the services were rendered as billed. Reimbursement of \$74.00 is recommended.
Totals		\$138.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$74.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$74.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of May 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.